

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003265

FILED  
Feb 06, 2007  
Secretary of State

Entity Name: HOPE BAPTIST CHURCH INC.

**Current Principal Place of Business:**

2440 FORTUNE RD  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

2460 FORTUNE ROAD  
KISSIMMEE, FL 34744

**New Mailing Address:**

FEI Number: 59-3511957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LANE, MARVIN  
2460 FORTUNE ROAD  
KISSIMMEE, FL 34744 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BLAKE, LINDLEY  
Address: 4207 GOLD RUSH LN  
City-St-Zip: SAINT CLOUD, FL 34772

Title: P ( ) Delete  
Name: LANE, MARVIN  
Address: 2460 FOTUNE ROAD  
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete  
Name: HIATT, NEAL  
Address: 3101 GREAST OAKS BLVD  
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete  
Name: HIATT, TYLER  
Address: 13137 OULTON CIRCLE  
City-St-Zip: ORLANDO, FL 32832

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDLEY BLAKE

D

02/06/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date